

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

0100009409

1. DOCUMENT # L01000009409

Name and Mailing Address

0004972 01 FP 0.352 **PRSR T5 0 0615 33614-531220

VALENCIA STONE, LLC

5520 ANDERSON ROAD

TAMPA FL 33614-5312

03 JAN 14 PM 1:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



1/14 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 5520 ANDERSON ROAD TAMPA FL 33634		5. Date Organized or Qualified To Do Business in Florida 06/13/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For	
		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CASTELLANO, NELSON T 101 E. KENNEDY BLVD. SUITE 2700 TAMPA FL 33602		9. Name and Address of New Registered Agent Name MARIO PLAZZA Street Address (P.O. Box Number is Not Acceptable) 5520 ANDERSON RD. City TAMPA FL Zip Code 33634	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent MARIO PLAZZA Date 1/7/2003

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	MARIO PLAZZA	5502 ANDERSON RD.	TAMPA FL 33634
V.P.	JUAN GOMEZ	5502 ANDERSON RD.	TAMPA FL 33634

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager MARIO PLAZZA Date 1/7/2003 Daytime Phone # (813) 884-2382

Typed or printed name of signing Managing Member/Manager MARIO PLAZZA